

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R.M.		12-04-01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	625	12/11
FORMALITY REVIEW	M.D.		12-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	✓
7	✓
8	✓
9	✓
10	0
11	✓
12	✓
13	✓
14	N
15	N
16	N
17	N
18	N
19	N
20	✓
21	✓
22	0
23	✓
24	0
25	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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JCS  
12/12/01